



Texas Commission on Environmental Quality

Exemption §106.416 Checklist (Previously Standard Exemption 95) Uranium In-Situ Solution Recovery Facilities

The following checklist has been developed so the Texas Commission on Environmental Quality (TCEQ) can confirm you meet exemption requirements. The questions are derived from §106.4, previously §116.211(a), and the exemption list. Please read all questions and check YES or NO (equivalent to True or False), or give specific information as applicable to your facility. If you do not meet all conditions of a specific exemption, you will not be allowed to operate the facility under exemption and you must apply for a construction permit as required under §116.110(a) prior to construction.

Part	YES	NO	Description
a)	<input type="checkbox"/>	<input type="checkbox"/>	This facility produces yellowcake
	<input type="checkbox"/>	<input type="checkbox"/>	The facility (including all equipment and stockpiles) is located at least 1/4 mile from any recreational area, school, residence, or any structure not occupied or used solely by the owner of the facility or the owner of the property upon which the facility is located
b)	<input type="checkbox"/>	<input type="checkbox"/>	Calculations for the facility's emissions are attached
	<input type="checkbox"/>	<input type="checkbox"/>	The facility has emissions other than particulate matter and ammonia.
	<input type="checkbox"/>	<input type="checkbox"/>	Ammonia (NH ₃) emissions will exceed 2 lb/hr
	<input type="checkbox"/>	<input type="checkbox"/>	Particulate matter (PM) emissions resulting from the drying of yellowcake exceed 0.1 lb/hr
c)	<input type="checkbox"/>	<input type="checkbox"/>	The facility will have no visible particulate emissions from any part of the process
d)	<input type="checkbox"/>	<input type="checkbox"/>	Construction has begun at the facility site
	<input type="checkbox"/>	<input type="checkbox"/>	Form PI-7 is completed and attached

NAME: _____

COMPANY NAME: _____ TITLE: _____

FACILITY NAME: _____

PHONE #: (____) _____

ACCOUNT ID #: ____ - ____ - ____

FAX #: (____) _____

LOCATION: _____

SIGNATURE OF COMPANY OFFICER

DATE